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CONFIRMATION NO. 3453

SERIAL NUMBER 10/776,763	FILING DATE 02/11/2004 RULE	CLASS 702	GROUP ART UNIT 2863	ATTORNEY DOCKET NO. 6743-0003-1					
APPLICANTS David J. Freger, Ashkelon, ISRAEL; <i>TL</i> Alexander M. Raykhman, East Greenwich, RI; <i>TL</i>									
** CONTINUING DATA ***** This appln claims benefit of 60/449,487 02/21/2003 <i>TL</i>									
** FOREIGN APPLICATIONS ***** <i>TL</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/08/2004									
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>TL</i> Initials <i>TL</i> </td> <td style="width: 10%; border: none; text-align: center;"> STATE OR COUNTRY ISRAEL </td> <td style="width: 10%; border: none; text-align: center;"> SHEETS DRAWING 9 </td> <td style="width: 10%; border: none; text-align: center;"> TOTAL CLAIMS 25 </td> <td style="width: 10%; border: none; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>TL</i> Initials <i>TL</i>	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 9	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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ADDRESS McCormick, Paulding & Huber LLP CityPlace II 185 Asylum Street Hartford, CT 06103-3402									
TITLE Apparatus and method for distance measurement with controlled modulation of emitted pulses									
FILING FEE RECEIVED 495	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	
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